

## **EXHIBIT 3**

### **DECLARATION OF DR. R. NICHOLAS GORTON, M.D.**

**UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF WISCONSIN**

ASHTON WHITAKER, a minor, by his  
mother and next friend, MELISSA  
WHITAKER

Plaintiff,

v.

KENOSHA UNIFIED SCHOOL DISTRICT  
NO. 1 BOARD OF EDUCATION and SUE  
SAVAGLIO-JARVIS, in her official capacity  
as Superintendent of the Kenosha Unified  
School District No. 1,

Defendants.

Civ. Action No. 2:16-cv-00943

**Declaration of Dr. R. Nicholas Gorton, M.D.**

1. I have been retained by counsel for Plaintiff as an expert in connection with the above-captioned litigation. I have actual knowledge of the matters stated in this declaration.

2. The information provided regarding my professional background, experiences, publications, and presentations are detailed in my curriculum vitae. This is included as an accurate and true copy and is attached as Exhibit A to this declaration.

3. I received my medical degree from the University of North Carolina, School of Medicine and completed my residency and chief residency in emergency medicine at Kings County Hospital in Brooklyn, New York. I am a licensed physician in California with expertise in the treatment of transgender patients. I am board certified in Emergency Medicine and also have expertise in the primary care and hormonal treatment of transgender people. For the past decade I also have served as a primary care physician at Lyon-Martin Health Services in San Francisco, CA. Lyon-Martin is a historically LGBT clinic that has been serving transgender

patients for over 30 years. In that role, I have been the attending physician for 300-400 transgender patients. Lyon-Martin also has one of just a handful of sites in the United States that trains medical students, residents, and fellows to provide transgender primary care, and I have been a primary clinical instructor for over 75 trainees during my time at the clinic.

4. In addition to providing services at Lyon-Martin, I serve as a consultant for Trans Line, a national transgender medical consultation service for clinicians needing expert advice about the care of their individual patients. I also am an active member of the World Professional Association for Transgender Health (“WPATH”) and serve on the organization’s research committee. The WPATH Standards of Care are the internationally recognized standards for providing health care for transgender people. I formerly served on the medical advisory board of the University of California San Francisco Center of Excellence for Transgender Health and have served on the American Medical Association’s LGBT Advisory Committee.

5. As detailed in the attached curriculum vitae, I have presented lectures and grand rounds at numerous medical school and residency programs throughout the United States as well as national and international conferences. I have published articles in peer-reviewed journals and in professional texts on transgender health.

6. As part of my practice, I stay familiar with the latest medical science, research, and treatment protocols related to transgender people and gender dysphoria. In preparing this declaration, I relied on my experience, training, and review of research over the past decade of treating transgender patients.

7. I have been retained as an expert witness in two cases in the last four years: *Norsworthy v. Beard* (N.D. Cal. 2015) and *Cruz v. Zucker* (S.D.N.Y. 2016).

8. I understand that this declaration will be submitted in support of A.W.’s motion for preliminary injunction in this case. I am prepared to testify about the information and

conclusions contained in this report at a hearing. I may prepare a full expert witness report, as appropriate, during this litigation.

9. I will receive no compensation for my expert services and opinion in this case, regardless of the outcome.

### **Determination of Sex**

10. “Sex” includes a multitude of factors including one’s chromosomal make-up, hormonal variations, anatomy, and gender identity.

11. Gender identity is each individual’s internal sense of themselves as belonging to a particular gender, such as male or female.

12. For purposes of designating sex on a birth certificate, physicians and midwives almost always base their assessments upon a cursory examination of external anatomy. This assessment is made because it only requires seconds to examine the newborn’s anatomy.

13. This assessment is usually congruent with the individual’s overall sex: most infants who have female external genitalia and are assigned a female sex at birth will grow up to be people who have a female gender identity. However, sometimes the visual assessment is actually incorrect: for example, for individuals with differences of sexual development (DSD)—also known as intersex people—or transgender people.

14. The term “transgender” refers to people whose gender identity does not match the sex that they were incorrectly assigned at birth based on an examination of the external genitals.

15. For example, some infants who have female external genitalia and are therefore assigned a female sex at birth may have a male gender identity and/or other sex-related characteristics not traditionally associated with girls or women. In such a case, the only way to identify the person’s true sex is to know the person’s gender identity.

16. From a medical perspective, the most accurate and appropriate determinant of sex is the person's gender identity.

17. No assessment other than gender identity can provide an accurate measure of an individual's sex. Attempting to rely on any other sex-related feature would raise intractable problems. For example, relying on chromosomes, while clearly impractical, would also yield inaccurate results in some cases.

18. For example, infants born with Complete Androgen Insensitivity Syndrome (CAIS) have a mutation in the androgen receptor. While they have male typical chromosomes (XY), they are born with female external genitalia (so these newborns are assigned female sex at birth), internal testicles instead of ovaries, and male hormones (testosterone) although their body is unable to respond to testosterone. So despite having testes, XY chromosomes and normal male levels of testosterone, these newborns are assigned female at birth and raised as girls. Children with CAIS are so typically female appearing and acting that they often are only diagnosed at puberty when they fail to develop breasts (because they lack estrogen) and do not menstruate (because they do not have uteruses). Because the disorder is not apparent at birth, despite the presence of testes, XY chromosomes, and testosterone, assignment based on an examination of the external genitals is generally accurate because these children almost always develop female gender identities. The reason this happens is that just as their developing external genitals are unable to respond to testosterone because of a mutation in the testosterone receptor, the developing brain also cannot respond to testosterone and so develops as a normal female brain. Often these girls are only diagnosed when they fail to go through female puberty.

19. Similarly, boys born with severe congenital adrenal hyperplasia (CAH) are born with fully formed penises and typically have a male gender identity. They are only

distinguishable from typical male infants in that they appear to have undescended testes. They in fact they lack testes and have internal ovaries and XX chromosomes.

20. If we used sex chromosomes as the basis to determine sex we would assign girls with CAIS (who are indistinguishable from girls without the condition until puberty and nearly all of whom identify as female) as male, and would assign boys with CAH (who are indistinguishable from boys without the condition and nearly all of whom identify as female) as female.

21. Therefore, an individual's sex can only be accurately identified by reference to the individual's gender identity.

#### **Etiology of Gender Identity and Treatment of Gender Dysphoria**

22. While the research is still developing, a growing body of studies provides significant evidence that gender identity is a biological characteristic of the brain influenced significantly by genes and by the prenatal environment—specifically, what hormones or chemicals the developing brain is exposed to.

23. We have sufficient information from the research to understand that gender identity is fixed at an early age and cannot be changed.

24. We also have sufficient information to understand that attempts to convince or coerce gay and lesbian children and adults to pretend that they are heterosexual or to convince or coerce transgender children and adults that they are cisgender—often referred to as “reparative therapy”—do not work and are highly damaging to these individuals. For this reason, a United Nations report on torture described reparative therapy for LGBT people as “unscientific, potentially harmful and contributing to stigma” and called on member countries to outlaw this

coercive practice.<sup>1</sup> In California and several other states this practice has been outlawed in the case of transgender, gay, and lesbian children.<sup>2</sup>

25. Rather, medical science now recognizes that when an individual's gender identity does not align with the sex assigned at birth, the only effective and ethical treatment is to re-classify the person's sex to correspond to the person's gender identity. A physician's role is to assist the person in transitioning to living in accordance with their true sex.

26. Gender Dysphoria is the clinical term, defined in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition (DSM-5), to describe transgender people, who may experience clinically significant distress due to the incongruence between their gender identity and birth-assigned sex, if not appropriately treated. Such distress can include depression, suicidal thoughts, or impairment of functioning in their daily lives. Appropriate treatment is therefore critical.

27. Both youth and adults may experience Gender Dysphoria. Studies show that treatment of youth with Gender Dysphoria is significantly more effective than treatment for adults. That is in part because the level of dysphoria is influenced by the multiple large and small traumas that transgender people experience when expression of their gender identity results in negative social and psychological consequences, or when their gender identity is rejected or denied. The accumulation of those traumas throughout childhood and adolescence can be ameliorated by allowing children to socially transition and allowing older youth, if appropriate, to undergo medical treatments that can support a transition.

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<sup>1</sup> See Juan E. Méndez, *Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment*, United Nations General Assembly Human Rights Council (2013), [www.ohchr.org/Documents/HRBodies/HRCouncil/RegularSession/Session22/A.HRC.22.53\\_English.pdf](http://www.ohchr.org/Documents/HRBodies/HRCouncil/RegularSession/Session22/A.HRC.22.53_English.pdf).

<sup>2</sup> See Cal. Bus. & Prof. Code § 865.2; D.C. Code Ann. § 7-1231.14(a); 405 Ill. Comp. Stat. Ann. 48/20; N.J. Stat. Ann. § 45:1-55(a); Or. Rev. Stat. Ann. § 675.850(1); Vt. Stat. Ann. tit. 26, § 3210(13).

28. While my practice is generally limited to those 18 years and older, I have treated a number of young adult patients and have observed the outcomes of those who were able to transition during childhood or adolescence and those who were not. My patients who were allowed to transition at young ages show far more resilience, health, and well-being than those who were forced to live in accordance with their birth-assigned sex.

29. In sum, it is my professional opinion that gender identity is the most accurate measure of sex; that gender identity is a biological and immutable characteristic; and that the only ethical and effective treatment for Gender Dysphoria is facilitating a transition to permit the individual to live fully in accordance with the person's gender identity.

30. Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed on 8/11/16.

Dr. Costello MD



# **EXHIBIT**

## **A**

**Ryan Nicholas Gorton, MD, DABEM**

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(504) 261-8379 (mobile)

(530) 297-7880 (home)

[nickgorton@gmail.com](mailto:nickgorton@gmail.com)

**Professional Practice**

February 2005 – Current      Emergency Medicine Physician  
Sutter Davis Hospital  
Davis, CA

July 2002 – February 2005      Emergency Medicine Physician  
St Tammany Parish Hospital  
Covington, LA

**Professional Practice: Volunteer Activities**

March 2005 – Current      Primary Care Provider and Clinical Instructor  
Lyon-Martin Health Services  
San Francisco, CA.

August 2005 – February 2006      Acting Medical Director  
Lyon-Martin Health Services  
San Francisco, CA.

September 2008 – Current      Executive Committee Member and Lecturer  
Project HEALTH <http://www.project-health.org/>  
San Francisco, CA.

January 2011 – Current      Consultant TransLine National Clinical Consultation Line

Medical-Legal Consultant:      Sylvia Rivera Law Project, New York, NY  
Lambda Legal Defense and Education Fund, Inc., New York, NY  
Transgender Law Center, San Francisco, CA  
National Center for Lesbian Rights. San Francisco, CA  
Northwest Justice Project, Seattle, WA  
The Legal Aid Society, New York, NY  
National Center for Transgender Equality, Washington, DC  
TGI Justice Project, Oakland, CA.

**Post Graduate Training**

June 2001 – June 2002      Chief Resident, Department of Emergency Medicine  
Kings County Hospital Center/SUNY Downstate  
Brooklyn, NY

July 1998 – June 2002      Emergency Medicine Residency

Kings County Hospital Center/SUNY Downstate  
Brooklyn, NY

### **Education**

August 1994 – May 1998      Doctor of Medicine  
University of North Carolina School of Medicine  
Chapel Hill, NC

August 1988 – August 1991      Bachelor of Science in Biochemistry, Summa Cum Laude  
North Carolina State University  
Raleigh, NC

### **Professional Affiliations**

World Professional Association for Transgender Health (formerly HBGDA)

- ◆ Transgender Medicine and Research Committee
- ◆ Institutionalized Persons Committee

American College of Emergency Physicians  
University of California at San Francisco Center of Excellence for Transgender Health

- ◆ Medical Advisory Board 2010-2013 (during development of current publication of Primary Care Protocols)

American Medical Association

- ◆ GLBT Advisory Committee 2009-2011

Gay and Lesbian Medical Association

- ◆ LGBT Medical Experts Panel

### **Licensure/Certification**

Nov 2003 – Present      Diplomate American Board of Emergency Medicine  
Nov 2004 – Present      CA State Medical License A89440  
Feb 2002 – 2009      LA State Medical License 14466R  
June 2001 – 2010      NY State Medical License 221808

### **Publications and Papers**

Gorton, R, and Erickson-Schroth, L. *Hormonal and Surgical Treatment Options for FTMs*. Psychiatric Clinics of North America. (In Press).

Ingram, N., Pratt V., and Gorton, R. *Counting trans\* patients: A Community Health Center Case Study*. TSQ: Transgender Studies Quarterly. 2(1): 136-147. 2015.

Gorton, R and Grubb, M. (2014), General, Sexual, and Reproductive Health In Erickson-Schroth, L (Ed) *Trans Bodies, Trans Selves: A Resource for the Transgender Community*. New York, NY: Oxford University Press.

Gorton R. Transgender as Mental Illness: Nosology, Social Justice, and the

Tarnished Golden Mean. In Stryker S and Aizura A (Eds.), *The Transgender Studies Reader, Vol 2*. New York, NY Taylor and Francis. 2013.

Ehrbar R, Gorton R, and Winters K. Sugerencias para la revisión de los diagnósticos relacionados con el genero en el DSM y el CIE. In Miquel Missé and Gerard Coll-Planas (Eds.), *El Género Desordenado - Críticas en torno a la patologización de la transexualidad*. Madrid: EGALES. 2010.

Ehrbar R, and Gorton R. *Exploring Provider Treatment Models in Interpreting the Standards of Care*. International Journal of Transgenderism, 12(4):198-210. 2010.

Pittsburgh Transgender Health Research Summer Institute: *A Review and Guidance for Future Research—Proceedings from the Summer Institute at the Center for Research on Health and Sexual Orientation, University of Pittsburgh t*. International Journal of Transgenderism, 12(4):211-229. 2010.

Haraldsen I, Ehrbar R, Gorton R, and Menvielle E. *Recommendations for Revision of the DSM Diagnosis of Gender Identity Disorder in Adolescents*. International Journal of Transgenderism, 12(2):75-79. 2010.

Gorton R. *Transgender Health Benefits: Collateral Damage in the Resolution of the National Health Care Financing Dilemma*. Sexuality Research and Social Policy: Journal of NSRC. 4(4):81-91. Dec 2007.

Gorton R. *Health Care and Insurance Issues for Transgender Persons*. American Family Practitioner. 74(12):2022. December 2006.  
<http://www.aafp.org/afp/20061215/letters.html>

Gorton R. *Current Summary of the Medical Knowledge Base and Current Clinical Standards Surrounding the Treatment of Patients with Gender Identity Disorder*. Report prepared for the Lambda Legal Defense Fund. May 2005.

Gorton R, Buth J, and Spade D. *Medical Therapy and Health Maintenance for Transgender Men: A Guide For Health Care Providers*. Lyon-Martin Women's Health Services. San Francisco, CA. 2005. ISBN 0-9773250-0-8 ([www.nickgorton.org](http://www.nickgorton.org))

Gorton R. *A Critical Analysis of the Hayes Report: "Sex Reassignment Surgery and Associated Therapies for Treatment of GID."* Report prepared for the Lambda Legal Defense Fund. May 2005.

*Greenberg's Text Atlas of Emergency Medicine*, Michael Greenberg Ed. Lippincott Williams & Wilkins. ISBN 0-7817-4586-1 2004. Contributing

Author: Chapter 4 – Eyes/Ophthalmic.

Gorton R. “Toward a Resolution of GID, the Model of Disease, and the Transgender Community.” MAKE. March 2005.  
<http://www.makezine.org/giddisease.htm>

Sinnert R, et al, Gorton R. “The ratio of ionized calcium to magnesium modifies the bronchodilatory effects of magnesium therapy in acute asthma.” Acad Emerg Med 2002 9(5) 436-437.

Morris D, Rosamond W, Hinn A, Gorton R. “Time delays in accessing stroke care in the emergency department.” Acad Emerg Med 1999 Mar; 6(3) 218-23.

Rosamond W, Gorton R, Hinn A, Hohenhaus S, Morris D. “Rapid response to stroke symptoms: the Delay in Accessing Stroke Healthcare (DASH) study.” Acad Emerg Med 1998 Jan; 5(1) 45-51.

#### **Selected Conference Presentations and Invited Talks**

Gorton, R. “Acute and Long Term Complications of Silicone Pumping: Primary, Secondary, and Tertiary Prevention”. WPATH Symposium. Amsterdam, The Netherlands. June, 2016.

Gorton, R, Ettner, R, Brown, G, Bermudez, F, Orthwein, J and Mazur, T. “Orange isn’t the New Black (Yet)”. WPATH Symposium. Amsterdam, The Netherlands. June, 2016.

Gorton R. “Transgender Patient Care in the Emergency Department”. American Academy of Emergency Medicine Scientific Assembly. Las Vegas, Nevada. February 2016.

Gorton R. “Transgender Patients in the Emergency Department”. Stanford University Department of Emergency Medicine SimWars. Stanford, CA. February 2016.

Gorton R. “History of Transgender Medicine”. UCSF School of Medicine Transgender Health elective. San Francisco, CA. February 2016.

Gorton R. “Free Silicone Complications and Management”. National Transgender Health Summit. Oakland, CA. April 2015.

Gorton R. “History of Transgender Medicine”. UCSF School of Medicine Transgender Health elective. San Francisco, CA. March 2015.

Gorton R. “Transgender Healthcare”. UC Davis School of Medicine. Sacramento, CA.

December 2015.

Gorton R. "Engaging and Retaining Transgender Patients in Ongoing Primary Care". National Association of Community Health Centers Health Institute and Expo. San Diego, CA. August 2014.

Gorton R. "Sexual and Reproductive Health: A Focus on Transgender Patients". California Family Health Council. Webinar. March 2014.

Gorton, R, Green, J and Tescher, J. "California Dreaming: Two Decades of Change in Health Insurance Law and Policy". WPATH Symposium. Bangkok, Thailand. February, 2014.

Gorton, R and Chung, C. "From Grassroots Health Advocacy to Expanding Clinician Competency: Project HEALTH (Harnessing Education, Advocacy & Leadership for Transgender Health)". WPATH Symposium. Bangkok, Thailand. February, 2014.

Gorton, R and Tescher, J. "Minding the Gap: Development and Implementation of a Clinical Rotation in Transgender Health". WPATH Symposium. Bangkok, Thailand. February, 2014.

Gorton R and Keenan C. "LGBT Sexual and Reproductive Health Issues". California Family Health Council Women's Health Update. San Francisco, CA. April, 2013.

Gorton R. "Transgender Medicine". California AHEC Webinar. San Francisco, CA. April, 2013.

Gorton R. "Transgender Aging Issues". Institute on Aging Conference on LGBT Aging. San Francisco, CA. November, 2012.

Gorton R and Branning N. "Transgender Primary Care". California Academy of Physician Assistants Annual Conference. Palm Springs, CA. October, 2012.

Gorton R. "Primary care and Hormonal Treatment for Transgender Clients". Samuel Merritt University. Oakland, CA. June 2012.

Gorton R. "Primary care and Hormonal Treatment for Transgender Clients" Grand Rounds for the VA Medical Center. San Francisco, CA. June 2012.

Gorton R and Wertz K. "Transgender Health Care" Webinar for the California Family Health Council. San Francisco, CA. June, 2012.

- Eichenbaum J, Gorton R and May A. "Transgender Health, the VA, and Barriers to Care." San Francisco Veterans Administration Mental Health Services Grand Rounds. San Francisco, CA. May, 2012.
- Gorton R and Wertz K. "Working With GLBT Clients" California Family Health Council Webinar. Los Angeles, CA. May, 2011.
- Gorton R. "Improving Access to Transgender Health Care: Outcomes from Project HEALTH" World Professional Association for Transgender Health. Atlanta, GA. September, 2011.
- Gorton R and Wertz K. "Trailblazing for Transgender Health" Southern Comfort Conference. Atlanta, GA. September, 2011.
- Gorton R. "Nuts and Bolts of Transgender Primary Care" Gay and Lesbian Medical Association Annual Conference. Atlanta, GA. September, 2011.
- Gorton R. "Transgender Medicine and Cultural Competency" Kaiser Department of OB/Gyn Grand Rounds. San Francisco, CA. April, 2011.
- Gorton R. "Evidence Based Transgender Medicine" Opening Plenary UCSF National Transgender Health Summit. San Francisco, CA. January, 2011.
- Green J and Members of the Center of Excellence for Transgender Health Medical Advisory Board. "Primary Care Protocols" Morning Plenary UCSF National Transgender Health Summit. San Francisco, CA. January, 2011.
- Freshel K, Gorton R, Hansom C and Barnes A. "Communities Working Together to Become Culturally Competent" California State Rural Health Association Conference. Sacramento, CA. November, 2010.
- Gorton R, Spade D and Wilkinson W. "Transposium: Healthcare Access and Quality For Transgender Individuals" Shaking the Foundations: The West Coast Conference on Progressive Lawyering, Primary Care Associate Program, Stanford School of Law. Stanford CA. October, 2010.
- Gorton R. "Improving Access to Transgender Healthcare: Outcomes from Project HEALTH (Harnessing Education, Advocacy, and Leadership for Transgender Health)" Gay and Lesbian Medical Association Annual Conference. San Diego, CA. September 2010.
- Gorton R, Gould D and Wertz K. "Trailblazing for Transgender Health" National Gay and Lesbian Task Force Creating Change Conference. March 2010.

- Gorton R. "Grand Rounds: Transgender Medicine" Highland General Hospital Department of Internal Medicine. Oakland, CA. January, 2010.
- Gorton R. "Grand Rounds: Transgender Medicine" Kaiser Permanente Department of Internal Medicine. San Francisco, CA. December, 2009.
- Keatley J and Gorton R. "Transgender Health Care Issues in California Today" Equality California and the California LGBT Legislative Caucus Briefing on LGBTI Health Care Issues. Sacramento, CA. December 2009.
- Ehrbar R, Winters K, and Gorton R. "Revision Suggestions for Gender Related Diagnoses in the DSM and ICD" WPATH XXI Biennial Symposium. Oslo, Norway. June, 2009.
- Gorton R. "A Place at the Table" American College Health Association Annual Meeting. San Francisco, CA. May, 2009.
- Famula M, Hall A, Pardo S, Gorton R. "Providing Trans-Specific Health Care to Transgender Students in the College Setting." American College Health Association Annual Meeting. San Francisco, CA. May, 2009.
- Gorton R. "Transgender Health" American Medical Student Association: Regional Conference. Lubbock, TX. March, 2009.
- Gorton R. "Medical Ethics and Evidence Based Transgender Medicine" Equality and Parity II: A Statewide Action for Transgender HIV Prevention and Care. Los Angeles, CA, January 2009.
- Gorton R. "Transgender Medicine 101" AMSA Regional Conference. Lubbock, TX. December, 2008.
- Gorton R, Djordjevic M, and Brownstein M. "Female to Male (FTM) Health Update" (Provider Session) The 7<sup>th</sup> Annual Mazzoni Center Trans-Health Conference. Philadelphia, PA. May 2008.
- Gorton R. "FTM Hormones 201." (Community Session) The 7<sup>th</sup> Annual Mazzoni Center Trans-Health Conference. Philadelphia, PA. May 2008.
- Green J, Gorton R, Razza R, and Tamar-Mattis A, "Healthcare and Access Issues Panel." University of California Hastings College of the Law Transposium Conference. April 2008.
- Arkles G, Gorton R, Sanchez D, Suarez C. "Trans Issues in Health Care Panel." Harvard Law School Lambda Legal Advocacy Conference. February



2008.

Gorton N, Thaler C, and Keisling M. "Drawing the Curtain: An Overview of Medical Privacy Protections and Risks for Transgender Patients and Providers " WPATH Symposium, 2007, Chicago.

Gorton R. "Transgender Medicine 2007: A Medical Ethics and Evidence Based Paradigm Shift." (Provider Session) The 6<sup>th</sup> Annual Mazzoni Center Trans-Health Conference. Philadelphia, PA. April 2007.

Gorton R. "FTM Hormones 201." (Community Session) The 6<sup>th</sup> Annual Mazzoni Center Trans-Health Conference. Philadelphia, PA. April 2007.

Gorton R. "Medical Ethics and Evidence Based Transgender Medicine." FORGE Forward. Milwaukee WI. March 2007.

Gorton R. "FTM Hormonal Treatment: Beyond 101." FORGE Forward. Milwaukee WI. March 2007.

Gorton R. "Transgender Healthcare in 2007: Its Time to Take it Seriously." Humboldt State University 13<sup>th</sup> Annual Diversity Conference and Education Summit. Arcata CA. March 2007.

Spade D, Gehi P, Arkles G, and Gorton R. "Barriers to health care access for transpeople." UCLA School of Law, Williams Institute Annual Update. Los Angeles, CA. February 2007.

Marksamer J and Gorton R. "Legal Support and Advocacy for Transgender Youth and Their Families." Gay and Lesbian Medical Association Annual Conference. San Francisco, CA. October 2006.

Gorton R. "Hormone Therapy 101." FTM-Gender Odyssey 2006. Seattle, WA. September 2006.

Gorton R. "Hormone Therapy 201." FTM-Gender Odyssey 2006. Seattle, WA. September 2006.

Gorton R. "Transgender Medicine." California Department of Health Early Intervention Program Statewide Conference. May 2006.

Gorton R. "Primary Care and Hormonal Therapy for Transgender Males." (Provider Session) The 5<sup>th</sup> Annual Mazzoni Center Trans-Health Conference. Philadelphia, PA. March 2006.

Gorton R. "Health Maintenance for Transgender Men." (Community Session) The 5<sup>th</sup> Annual Mazzoni Center Trans-Health Conference. Philadelphia, PA. March 2006.

Gorton R. "Primary Care and Hormonal Therapy for Transgender Males." The 23<sup>rd</sup> Annual Conference of the Gay and Lesbian Medical Association. Montreal, Canada. September, 2005.

Spade, D, and Gorton R. "Medical-Legal Policy Update in the Quest for Trans Health Care and Justice." The 23<sup>rd</sup> Annual Conference of the Gay and Lesbian Medical Association. Montreal, Canada. September, 2005.

Arkles Z, and Gorton R. "Medical-legal Collaboration in the Quest for Trans Health Care and Justice" The 19<sup>th</sup> Biennial Symposium of the Harry Benjamin International Gender Dysphoria Association. Bologna, Italy. April, 2005.

### **Professional Advocacy**

Supported as physician member of the American Medical Association for adoption of inclusive language for transgender people within AMA policy. "Recommendations to Modify AMA Policy to Ensure Inclusion for Transgender Physicians, Medical Students and Patients." Accepted by the AMA Board of Delegates July 2007. See "AMA Meeting: Anti-discrimination policy extended to transgendered." AMA News July 16, 2007.  
<http://www.ama-assn.org/amednews/2007/07/16/prsk0716.htm>.  
Policy amendment available at:  
<http://www.ama-assn.org/ama1/pub/upload/mm/467/bot11a07.doc>

Authored and proposed with Vernon A, and Maxey K. *Resolution to amend the American College of Emergency Physicians 'Code of Ethics for Emergency Physicians.'* Accepted as policy October 2005. Now reads (amended language underlined): "Provision of emergency medical treatment should not be based on gender, age, race, socioeconomic status, sexual orientation, real or perceived gender identity, or cultural background."

### **Awards**

Claire Skiffington Vanguard Award. Transgender Law Center. San Francisco, CA. 2012.